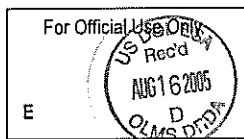


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-18170	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name George Slater P.O. Box, Bldg., Room No., if any Street 40W853 South Bridle Creek City St. Charles State Illinois ZIP Code + 4 60175	4. Name, file number, and address of labor organization. Name SMW Local 265 Union Labor Organization File Number 026-754 P.O. Box, Building and Room Number, if any Street 205 Alexandra Way City Carol Stream State Illinois ZIP Code + 4 60188
5. Position in labor organization. PRESIDENT / BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>George Slater</u>	On <u>8/11/05</u> Date <u>(630) 668-0110</u> Telephone Number

Name of Person Filing

GEORGE SLATER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INDEPENDENT EMPLOYEE BENEFITS CORP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 28 N. FIRST STREET

City GENEVA

State ILL ZIP Code + 4 60134 0470

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CONSTRUCTION WORKERS PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 470

Street 28 N. FIRST STREET

City GENEVA

State ILL ZIP Code + 4 60134

11.a. Nature of such dealing.

ADMINISTRATOR OF CONSTRUCTION WORKERS PENSION FUND.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

TRUSTEE MEETING LUNCHES	
3/17/04	14.95
6/16/04	8.95
9/15/04	10.95
11/8/04	10.95

12.b. Amount.

45.80

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing GEORGE SLATER	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **SEGAL COMPANY**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **101 N. WACKER DR**

City **CHICAGO**

State **ILL** ZIP Code + 4 **60606 1724**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **SMW LOCAL 265 PENSION & H&W**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **205 ALEXANDRA WAY**

City **CAROL STREAM**

State **ILL** ZIP Code + 4 **60188**

11.a. Nature of such dealing.

CONSULTING FOR SMW 265 PENSION and H&W FUNDS

11.b. Approximate dollar value of such dealing.

\$92,494

12.a. Nature of interest held or income received.

**2 BASEBALL TICKETS
1-32 1-27**

12.b. Amount.

\$59.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

GEORGE SLATER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

AMALGAMATED BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1 WEST MONROE ST

City

CHICAGO

State

ILL

ZIP Code + 4

60603

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

SMWIA LOCAL 265 PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

205 ALEXANDRA WAY

City

CAROL STREAM

State

ILL

ZIP Code + 4

60188

11.a. Nature of such dealing.

FIXED INCOME MANAGER
FOR PENSION & WELFARE
FUNDS.

11.b. Approximate dollar value of such dealing.

\$34,846.00

12.a. Nature of interest held or income received.

BASEBALL OUTING w/ SMWIA
DURING SMWIA CONVENTION IN
CHICAGO.

12.b. Amount.

\$1,040.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

☐

or Consultant

☐

?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing GEORGE SLATER	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **COLUMBIA PARTNERS**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **1775 PENNSYLVANIA AVE**
City **WASHINGTON**
State **D.C.** ZIP Code + 4 **20006**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **SHEETMETAL WORKERS #265 PENSION**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **205 ALEXANDRA WAY**
City **CAROL STREAM**
State **ILL** ZIP Code + 4 **60188**

11.a. Nature of such dealing.

**INVESTMENT MANAGER FOR
LOCAL 265 PENSION FUND**

11.b. Approximate dollar value of such dealing.

136,473

12.a. Nature of interest held or income received.

**5/18/04 DINNER MEETING w/ SPOUSE
IN WASH, D.C.**

12.b. Amount.

179.80

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing George Slater	File Number U-
-------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Levinson Simon & Sprung, P.C.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 566 W. Lake Street, Suite 3 West</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60661-1414</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Levinson Simon & Sprung provides accounting services to the Union and related trust funds. The dollar amount in line 11b represents fees paid to the Union and all related Trusts.</p>
	<p>11.b. Approximate dollar value of such dealing. \$100,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>12/1/2004 dinner with spouse at the IFEBP Conference.</p>
	<p>12.b. Amount. \$197</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

GEORGE SLATER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SMW LOCAL 265 JATC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 205 ALEXANDRA WAY

City CAROL STREAM

State IL ZIP Code + 4 60188

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

SMW LOCAL 265 JATC IS AN
APPRENTICESHIP PROGRAM RELATED
TO SMW LOCAL 265 UNION
I AM CHAIRMAN - TRUSTEE

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

JATC PAID FOR BANQUET TICKETS
FOR INTERNATIONAL CONTEST \$60
APPRENTICE GRADUATION DINNER \$56.19
JACKET 52.00

12.b. Amount.

\$168.19

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

GEORGE SLATER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SMW LOCAL 265 JATC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 205 ALEXANDRA WAY

City CAROL STREAM

State ILL ZIP Code + 4 60188

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

SMW LOCAL 265 JATC IS AN
APPRENTICESHIP PROGRAM RELATED
TO SMW LOCAL 265 UNION
I AM CHAIRMAN OF JATC-TRUSTEE

11.b. Approximate dollar value of such dealing.

- 0 -

12.a. Nature of interest held or income received.

JATC PAID EXPENSES TO ATTEND
REGIONAL APPRENTICE CONTEST OF \$300
AND EXPENSES TO NATIONAL CONTEST OF \$900
PLUS HOTEL 324.82 AND AIR FARE OF
511.70

12.b. Amount.

\$2036.52

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

GEORGE SLATER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SHEET METAL WORKERS 265 H&W FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 205 ALEXANDRA WAYCity CAROL STREAMState ILLZIP Code + 4 60188

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

SMW 265 Health & Welfare Fund IS
Related to SMW 265 Union.
I AM A TRUSTEE OF FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ATTEND IFEBF CONFERENCE IN NEW ORLEANS
AIRFARE 161.60
HOTEL 498.94
DAILY EXPENSES 188.31
TRUSTEE WORKING LUNCHES 13.46

12.b. Amount.

862.31

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

GEORGE SLATER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SHEET METAL WORKERS 265 PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 205 ALEXANDRA WAY

City CAROL STREAM

State ILL ZIP Code + 4 60188

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

SMW 265 Pension Fund is
Related to SMW 265 UNION -
I AM A TRUSTEE OF FUND

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

ATTEND IFEBF CONFERENCE IN NEW ORLEANS
AIRFARE 161.60
HOTEL 498.94
DAILY EXPENSES 188.30
TRUSTEE WORKING LUNCHES 13.46

12.b. Amount.

\$862.30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing GEORGE SLATER	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **MISEROW FINANCIAL**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any **FLOOR 5**
Street **350 N. CLARK**
City **CHICAGO**
State **ILL** ZIP Code + 4 **60610**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **SMWIA LOCAL 265 PENSION**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street **205 Alexandria Way**
City **CAROL STREAM**
State **ILL** ZIP Code + 4 **60188**

11.a. Nature of such dealing.

MISEROW DOES NO BUSINESS WITH SMW LOCAL 265 FUNDS

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

DINNER CRUISE W/ SMWIA EXECUTIVE COUNSEL DURING SMWIA CONVENTION IN CHGO SPONSORED BY MISEROW

12.b. Amount.

\$226.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

GEORGE SLATER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

DALEY E GEORGE, LTD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

SUITE 400

Street

20 S. CLARK

City

CHICAGO

State

ILL

ZIP Code + 4

60603

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ATTORNEYS FOR NEIGHBORING
LOCALS, DOES NO WORK FOR
SNW 265

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

BOAT-DINNER CRUISE AT SNW I.A.
CONVENTION FOR GENERAL EXECUTIVE
COUNCIL

12.b. Amount.

354.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.